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VOL. VIII. OCTOBER, 1899. No. 10.

MINNEAPOLIS HOMŒOPATHIC MAGAZINE

HENRY C. ALDRICH, M. D.,
Editor.

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COMPOUND TABLETS.

Catarrh.

No. 1. Arsenicum Alb. 3x.
Hepar. Sulph. 3x.
Kali Bichr. 3x.

Indications: Acute catarrhal conditions: coryza with copious, acrid, watery discharges excoriating nose and lips; laryngeal catarrh with roughness in throat, hoarseness with aphonia, rattling cough, croup.

Constipation.

No. 2. Bryonia 2x.
Nux Vomica 2x.
Sulphur 2x.

Indications: Obstinate constipation; [illegible]l, dry, painful stools; hemorrhoids, [illegible]d or bleeding, with intolerable itching; [illegible]ent extremely irritable and sensitive; [illegible]sea, faintness, bilious headache.

Constipation, Biliousness.

No. 3. Nux Vomica 2x.
Podophyllin 2x.
Merc. Vivus 2x.

Indications: Constipation with hard, [illegible] stools, accompanied by piles, congest[illegible] of the liver, biliousness, jaundice, [illegible]iary colic.

Constipation, Biliousness.

No. 4. Nux Vomica 2x.
Podophyllin 2x.
Merc. Solub. 2x.

Indications: Constipation with hard, dry stools, accompanied by piles, congestion of the liver, biliousness, jaundice, biliary colic.

Constipation, Indigestion.

No. 5. Nux Vomica 2x.
Hydrastin Phos. 2x.
Podophyllin 2x.

Indications: Constipation with torpidity of the liver, indigestion, poor appetite, gastralgia with great flatulency, bilious headache, hemorrhoids.

Inflammation, Congestions.

No. 6. Aconite 3x.
Veratr. Veride 1x.
Gelsemium 1x.

Indications: Severe, acute congestion and inflammation, congestive chills and fevers with much restlessness and thirst; great cerebral congestion with nausea. An excellent remedy in the acute stages of a cold.

Inflammation, Congestion.

No. 7. Aconite 3x.
Belladonna 3x.
Bryonia 3x.

Indications: Initial stages of inflammatory diseases fever with restlessness and thirst, acute congestions, sore throat with swelling and dryness; violent, dry, hacking cough, acute colds.

Cough, Bronchitis

No. 8. Codeine 2x.
Sanguinaria 2x.
Tartar Emetic 3x.

Indications: Loose, rattling cough, the bronchial tubes being filled with mucus, which is expectorated with great difficulty and suffocation; troublesome, harrassing cough, aphonia.

Cough, Hoarseness.

No. 9. Bryonia 3x.
Phosphorus 3x.
Causticum 3x.

Indications: Dry, hard, racking, painful cough, pleurisy, hoarseness, bronchitis with exhausting, debilitating cough and loss of voice; pneumonia.

Cough, Pneumonia.

No. 10. Bryonia 3x.
Phosphorus 3x.
Tartar Emetic 3x.

Indications: Dry, hard cough, hoarseness, bronchitis, excessive flatulence, nausea, lumbago, pneumonia and typhoid conditions.

Diarrhœa.

No. 11. Arsenic Alb. 3x.
China 3x.
Veratr. Alb. 3x.

Indications: Diarrhœa with excessive prostration and obstinate nausea; copious, watery, painless diarrhœa, with great thirst, cold extremities.

Diarrhœa.

No. 12. Nux Vomica 2x.
Opium 1x.

Indications: Valuable in the treatment of diarrhœas by its control over the peristaltic action; also in the diarrhœa and threatened inflammation of the bowels resulting from abuse of alcoholic stimulents; renal colic.

Prepared by

MINNEAPOLIS PHARMACY

MINNEAPOLIS, MINN.

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MINNEAPOLIS
HOMŒOPATHIC MAGAZINE.

VOL. VIII. OCTOBER, 1899. No. 10

ORIGINAL ARTICLES.

REPORT OF TWO CASES OF SKULL FRACTURE.

W. M. TROWBRIDGE, M. D.

VIROQUA, WISCONSIN.

The subject assigned me: "Injuries to the nervous system and their surgical treatment", is one that a young practitioner will have had but little experience with in private practice, consequently I shall be obliged to draw upon my resources during my internship at Cook County Hospital.

HISTORY:—F. C. R. age 23 years, was admitted to the homœopathic department, with a contusion of the left perietal eminence, no abrasion of the scalp, delirium constant, temperature normal, pulse 60 to 80, respirations 22. The contusion was immediately cut down upon, which revealed nothing. The short history gave it that the patient received a severe blow. Therefore a good sized horse shoe incision was made over the right parietal bone just the opposite side to the contusion which showed a V shaped fracture of the same. The wife refused to have the patient operated upon for two weeks following the diagnosis, during which period he was delirous, at times so violent it was

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almost impossible to control him. Temperature never registered above 100 degrees.

OPERATION:—The scalp was shaved and reflected, the V shaped piece of parietal bone was removed by punch forceps which revealed the dura mater and brain tissue lacerated. A large blood clot was removed, the brain tissue irrigated with normal salt solution. the small arteries tied with fine silk; wound sutured with silk worm gut. For two days following the operation, temperature, pulse and respiration were as before the operation. The next twenty-four hours the patient was sane.

NOTE:—The peculiar part of the case was, that although there was a good sized blood clot removed from the right side of the brain,there was no heimplegia,and no symptoms of compression, only those of concussion.

The next case was a strong robust Pole, admitted to the homœopathic department. Examination showed an ugly three cornered scalp wound (each angle being one-half inch in length) situated in the center of the left temporal ridge, and a very small amount of brain tissue protruding. This man walked one mile to the hospital, having received his injury forty-eight hours prior to admittance. A horse shoe flap was made reflecting the scalp, which showed a fracture the size of the scalp wound. The dura was torn, and the brain tissue lacerated. The fragments of bone were removed, also a small blood clot. Strict antiseptic precautions were followed during and after the operation. Twenty-four hours later the patient developed meningitis and died in four days. From the termination of the case we naturally expected the patient owed his death to septic meningitis, no pus was found during life. Post mortem of brain showed no pus.

Patient's death was caused from traumatic meningitis due to long standing concussion, not compression.

REMARKS:—My reason for narrating the above cases, is, that they were both severe skull fractures with blood clots. Practically no symptoms of compression, with many of the classical symptoms of concussion being absent.

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ORIFICIAL PHILOSOPHY AND ITS RELATION TO DOMESTIC HAPPINESS.

G. J. HERKIMER, M. D.
DOWAGIAC, MICHIGAN.

This being my first paper to prepare and read, you will please forbear with me the embarassment of the moment,for I fear that I am not capable of doing justice to the subject, which I have chosen for my remarks,as it is one upon which at least two volumes could be written, had our Dr. Pratt, or many others of our association chosen the subject, instead of myself. But knowing full well the magnitude of the evils occuring from the non-application of the principles of orificial philosophy to domestic infelicity, I will do all in my own feeble way to point out these evils, and their remedies. In no other way does the old proverb, "As ye sow, so shall ye reap," apply with greater force than in this instance. The sympathetic nerve being the one that controls every vital organ in our bodies; and controlling their action, never tiring, ever keeping a watch over us, even in our sleeping hours; seeing that the heart is regular in its rythm, and controlling the entire blood supply of the system,even to the minutest capillaries; and superintending the changes that take place in the tissues, as the blood passes through them; controlling the globules of blood, as they carry oxygen to every part of our bodies, to rebuild them, and recarry the carbonic acid, and other poisonous products back to the skin and lungs, to be expelled. It looks after the secretion of all the glands in the body; controlling the kidneys and intestinal canal, in their work of eliminating from the system poisonous material. Its fibres, being connected with those of the cerebro-spinal system, thereby giving it control over every part of our organism, either directly, or by reflexes; and this great sympathetic tree, having its origin in the ganglion of Ribes, and its branches spreading forth to all the vital organs of our bodies, terminating in the lower ori-

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health, when these orifices are in a healthy condition, and in being so would help us, in being one factor in the fices; why should we not look for peace, happiness and make up of domestic happiness? For when we have irritable sphincters, piles, papillæ, or an abnormal prepuce, or hood to the clitoris, irritable urethra, elongated and hypertrophied labia, etc., we are heirs of sexual perversion, as well as to all the chronic diseases, such as asthma, bronchitis, rheumatism, nervous prostration, and in fact, most all diseases of the nervous system, as well as those of the sexual organs. As domestic happiness is dependent on health and peace of mind, we could not look for it when any member of the family were thus afflicted; for if we are sick, we are not happy; and if we are not happy, how can we help to make others happy? A great many pictures of unhappiness can be brought to our mind, which are the fruits of the non-application of orificial philosophy. And I will ask the liberty to quote Dr. Pratt, as to the causes of chronic diseases. First, "It has not been fully appreciated until the last decade, indeed is not now, that upon the integrity of the sympathetic nerve depends the tonicity and nutrition of the entire body, even of the cerebro-spinal system itself". Second, "The first cause of chronic diseases of all kinds, is a lowering of vitality, and insufficient reactive power, a poor circulation, or what is the same thing, a waste of sympathetic nerve force." If these are the main causes of chronic diseases, which I surely believe is true, we could look for different manifestations, according to the organs have the least vital resistance. As time will not permit me to present the different manifestations from a neglect of orificial cases, and their relation to domestic happiness, I will take two examples; one that has its main cause from a neglected rectum, and the other from a neglect of the sexual system. Examining a number of rectums in infants, I think we will find the majority of diseased rectums commence in a defective external sphincter muscle; soon to be followed by pockets, papillæ, hemorrhoids, ulcers, fistulæ, etc., with all of their bad effects on

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the general system. About the first mischief we will encounter from a defective external sphincter muscle, in a child, and it has followed many into their majorities, is constipation, with all of its accompaniments. To be sure there are many other causes of constipation; such as not heeding the call of nature; diet, (consisting of indigestible food); muscular weakness of the intestines from lingering diseases; paralytic condition of the bowels from taking anodynes, and many other causes; but the main cause, especially in infants, is the defective external sphincter muscle. In reviewing the nerve supply of the rectum, we find that it comes from two sources. It receives an abundant supply from the hypogastric plexus of the sympathetic system, and is also supplied direct from the spinal system of nerves. Those to the rectum coming from the fourth ant. sacral nerve. This is the only part of the intestinal canal, which receives branches direct from the spinal nerves; therefore the great irritability and sensibility of this part can be easily understood. It receives blood from three different sources; the upper part is supplied by the sup. hemorrhoidal, a branch of the inferior mesenteric; and the terminal branches of the sup. hemorrhoidal passes to the lower part of the rectum, but the principal blood supply to this part comes from the middle and inf. hemorrhoidal, which are branches of the internal iliac and internal pudic. The veins which return the blood from the rectum are numerous, though most is returned through the superior hemorrhoidal vein, and into the portal system. Having considered the nerve and blood supply of the rectum, we can not help seeing the wonderful influence and effect constipation has on our system generally.

How the external sphincter muscle is the main cause of constipation in infants, and what diseases may result through the neglect of it; and its relation to domestic happiness is the question before us. The external sphincter muscle is a voluntary muscle, and has a greater nerve supply than any other muscle in the body. Thus it is easily irritated, contracting by reflex action in re-

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sponse to any local excitation, such as strongly acid urine, coming in contact with the rectum; allowing the soiled napkins to remain unchanged; using baby powders that are poisonous to some skins, abrasions, pruritus, fissures, etc.; allowing these irritations to continue will naturally increase the muscle in size and strength; not only the voluntary action of the muscle is increased in force, but the constant presence of fæces in the rectum continually pressing on the terminal branches of the internal pudic nerve, produces an increased irritability of the ext. sphincter muscle; and in return an increased contraction, until the muscle will cease to respond perfectly to the will, when it desires to relax it; and what was a voluntary obstruction, becomes an obstruction beyond the will power to entirely remove; and the irritability of the muscle being kept up, it becomes enlarged, and a constant contraction of the muscle exists, which causes a fæcal mass to be retained in the rectal pouch, and as a result, we have atony of the muscular coat of the rectum, and instead of its walls contracting as they should during the act of defæcation, they do not, and consequently it is with great difficulty that the rectum is unloaded; and the fæcal mass, pressing upon the fibers of the ext. sphincter, causes a spasmodic contraction to take place; thus the muscle closes instead of dilating, which is reversing the order of nature. This condition being allowed to remain, we soon get the following results, absorption of the liquid portion of the fæces into the blood, which is carried to all parts of the system; and as fæcal matter can be nothing less than poison to our blood, the red corpuscles soon become diseased, they are altered in color, their health producing and life giving property is destroyed. Instead of rosy cheeks and fair complexion, normal circulation, warm feet and hands, good digestion, assimilation and nutrition; we have the poor circulation, dark rings under the eyes, cold hands and feet, nervous depression, poor digestion, assimilation, and nutrition. The liquid portion of the fæces having been absorbed into the system, leaves a dry hard mass of fæcal

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material to irritate the ext. sphincter muscle; thus inducing a more chronic constipation; and bringing on a catarrhal condition of the rectum, ulceration, fistula, strictures and piles; and if there should be papillæ and pockets in the rectum, they would be greatly aggravated. Is there any sympathetic nerve waste in a case of this kind? And what can we expect of a child in this condition? We have a child that will succumb to acute diseases easier, and one that is an heir to most every chronic disease; and the most of these cases can not be cured until the rectum, and the other lower orifices of the body have received the proper attention. This being the case, can we expect to find domestic happiness in a family? Possibly their only child is covered with eczema; they have tried all kinds of medicines and salves, with no benefit; simply trying in vain.

I had a very striking case of this kind only a short time ago, where everything had failed, and finally they came to me, (notwithstanding their saying they would not have me in the house.) I suggested circumcision and whatever was needed in the rectal line. In a few days they consented; and I removed five paplilæ, dilated the rectum, and performed circumcision. Before I made my call the following day, I met the father, he said, "By gracious doctor, the boy is better already," and I could see more happiness in that home, and it increased every day; as the child had been covered with eczema from head to foot. It continued to grow better, until the skin was as soft and healthy as any childs; and I am a welcome guest in that home, especially when any of the family are sick.

There are a great many who start out in life under these unfortunate conditions, that have not been afflicted with one of the many chronic diseases, which manifests itself outwardly; allowed to go unattended, thinking it is a trifling matter, until they become men and women. Nature ever trying to right our system, some are fortunate enough to grow to be healthy, while others grow up with poor digestion, assimilation, nutrition and circulation; the fruits of this being a cold, nervous, selfish, narrow minded, un-

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forgiving, fault finding individual, one who is not fit to attend to his business, and would not, if it were not for the "almighty dollar" back of it; and in the wife, we would have one, that would attend to her home duties not because she wanted to make home happier, but, because she might receive more money for her wardrobe, or take more pleasure trips during the year; neither one doing their duty for the love or happiness of the other, but more as though they were receiving wages in return for what they were doing for the other; ever finding fault with the little mistakes that are made, instead of over-looking them. With people in this condition, how can we look for domestic happiness? This being the case, and the waste of the sympathetic nerve force being the cause of the majority of the diseases with mal-nutrition, etc., why is it not our duty as physicians, to look after the lower orifices of the body, from a domestic stand point, and to do this in infancy. Closely connected with a faulty rectum, we have the diseased conditions of the sexual organs; and as a great deal of the unhappiness in domestic life, comes from sexual perversion, which I think begins early in life, the hood of the clitoris, in females, and the corresponding organ in the male, are, I believe, the origin of the trouble. I will therefore restrict my remarks on this part of the subject, to these organs; believeing, if they receive the proper attention in childhood, that we should not have sensuality, which is controlled by lust, but would have sexuality, which will be controlled by love, and will be one of the main factors to constitute domestic happiness.

An article, written by Dr. E. P. Miller of New York, says: "Do not the females in the lower mammal races confine the sexual act, to the production of offspring, and does not this indicate that such should be the rule with regard to the human race?" I admit that the females of the mammal races confine the sexual act to the production of offspring, but do the males of the lower mammal races confine the sexual act to the production of offspring? I say *no*, and if it is fair to compare the wives to

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the females of the lower mammal races, it is also fair to compare the husbands to the lower animals. So, if men should follow out nature in the lower animals, they would be obliged to be adulterers, or polygamists, and according to God's word, "Thou shalt not commit adultery," it would be impossible for man to be anything but a sinner. God gave us mental faculties, and the power to love, and to choose a companion that we could love and live for, and help to make life a pleasure, these he did not give the lower animals, and by these, sexuality was to be controlled, and if we do not appreciate this gift, love will be converted into lust, and sexuality into sensuality, and thus ruin body and soul, as well as domestic happiness. A great deal of this can be averted by applying orificial principles, to infants, for "As the twig is bent, so is the tree inclined," and He said we should not commit adultery, thereby conveying the idea, that we were to have sexual relations from the true love standpoint, if not, it would have looked reasonable to me, that he would have commanded us like this, "Thou shalt not enter into the sexual act except for the production of the offspring." He also commanded us to love our companion, and what does love mean? We love God, for he can do something for us, and be to us, what no one else can be; and we should love our companion, for she was meant to be to us, what others were commanded not to be; therefore, I think as does Dr. Runnels of Indianapolis, and will take the liberty to quote him: "I believe the sexual organs were given to people for the expression of love; the sexual act is the complete and highest expression of love." It relieves people of excitability, quiets the brain, and restores the equilibrium of the system, as it can be obtained in no other way. There are many that come to us with sexual differences, and I will admit that habit, mode of living, etc., have a bearing on the subject in question; but how often have we heard our Dr. Pratt say, that disease (and sensuality is a disease) commences at the mouth of an organ, or where we get an impingment of a terminal nerve fibre. If this be true, sensuality must be a product

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of an abnormal condition of the clitoris and its hood, as well as the mucous membrane of the vagina, and to the corresponding parts in the male, these abnormalities can be found in the new born; and if these organs are not looked after by the attending physicians and parents, they are sure to produce sexual desires, long before mind, habit, society, or the mode of living should have any influence on them; washing infant boys, often produces an erection, and there is not one of us, but what has seen the same effect produced, when washing and preparing for circumcision. You may say this has nothing to do with sexual instinct and its perversion, as there is erectile tissue in the corpora cavernosa of an infant, as well as in an adult, and that it was merely an irritation that caused the erection.

Only a short time ago, while taking a strong stand in favor of orificial philosophy, a mother said, "I doubt what you are saying, as I do not believe in circumcision." After telling her that I saw her little boy playing with himself not half an hour previously, and that before he was six years old he would be a confirmed masturbator; the cause being due to the neglect of her duty toward her child, and persuading her to allow me to examine the child, I found the prepuce was adhered to the glans, and removed as large an amount of smegma as I had ever seen in any case; thereby convincing the mother that she had not been clean enough with that portion of her boy's anatomy. Looking up she said, "Doctor, what do you think of my little girl?" I told her I thought the same attention ought to be given her. She called me to one side saying, she had caught the three year old boy and her little girl, past four, trying to have sexual intercourse, and said, "I have prayed to be enlightened, as I could not understand how they learned such things so young, they having no older playmates." Now is it a fact that it is simply an irritation, with no sexual instinct, that leads these children to form this habit so young, or is it an instinct with which we are all born, which was intended to ripen, as we grew older, and should be controlled by love, and which through the neglect of the terminal fibres

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of the sympathetic nerve, has been permaturely ripened? Can a child, starting out in life, under these conditions, be one to complete domestic happiness? Provings of this can be shown by following one of the above children to maturity. If she were not fortunate enough to fall into the hands of an orificial surgeon, no doubt she would follow the same path to ruin, that many others have. For, "As the twig is bent, the tree is inclined." Following her in her secret moments, we find her stealing away to accomplish masturbation. When she reaches the age of puberty, the sexual desires being increased at this period, at the same time she begins to go in company, attending dances, eating all kind of foods that help to stimulate the sexual organs, and most serious of all, she commences to associate with the opposite sex, and with one who has had his principles weakened, if not entirely destroyed, by the same neglect; we soon hear of this same girl drifting to a house of ill fame. Then there is no domestic happiness in her father's home. Or we find her at the age of puberty, or a little later in life, still masturbating, becoming religiously inclined, and beseeching God to help her out of this terrible rut, which her parents and physicians are responsible for, but no help comes, as God cannot do their part; and soon she becomes the gentler half of a domestic partnership. After all these years of abuse of her sexual organs, weakening them, as well as her entire physical, mental, and moral being, can we expect a congenial, loving, profitable and non-dissolute domestic partnership? No! Instead of love ruling over this moral, physical, and mental wreck, we find lust controlling, not only her sexual organs, but her entire being. Soon there is discord in this home, for lust is not forgiving, but is fault finding, and a demented mind is not capable of reasoning, but is imaginative.

O, what a domestic cyclone, all because the electric button of the sexual system was neglected in childhood.

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BELL'S PALSY.

A. P. WILLIAMSON, M. D.
Dean and Professor Mental and Nervous Diseases, University of Minnesota.
MINNEAPOLIS, MINN.

Under the new nomenclature, the rule governing which is to name diseases in such a way as to make their titles descriptive of their symptoms, this disease is called complete peripheral facial paralysis. It consists of a palsy of all the muscles of the face supplied by the seventh pair of nerves and usually affects one side only. Its causes are numerous. The most common are exposures to a draught, suppurative diseases of the middle ear and its vicinity and traumatism. However it is not always possible to assign any of these, or any other immediate cause.

Persons with rheumatic tendencies often present the symptoms of the disease when no exposure has been experienced. Again syphilitic subjects will suffer from it when no other cause than their specific history can be discovered. Hysteria and diphtheria are also occasionally responsible for its presence. Its pathology consists of parenchymatous neuritis, but other morbid states are charged with its cause also.

In traumatic cases, pressure or an incision may be the producing factors. In hysteria, and diphtheria we commonly assert that it is of a functional nature, which saves further admission of our ignorance.

The diagnosis is usually an easy matter. The symptoms are so evident that no one but a careless observer can mistake it for any other trouble. In doubtful cases, the only real question which can arise, is whether the case is one of peripheral or central origin. A moments consideration will dispel any such imaginery confusion. In the central type the lower part of one half the face is principally or wholly affected; while in the peripheral form all the muscles on one, or both sides, are involved equally. Again, in the

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central type it is very rare for the face to be paralyzed without hemiplegia also being present. Lastly, the electrical reaction is not changed in cerebral palsy, while the reaction of degeneration always exists in the peripheral form.

The prognosis under ordinarily intelligent care is generally good. However it should be born in mind that there are cases which are not benefitted even under the most faithful and correct methods of treatment. It is wisest not to make a prognosis until ten days to two weeks have passed, and an accurate electrical examination has been made. If there is a tendency on the part of the palsied muscles to take on a spasmodic state, when the process of restoration has commenced, the prognosis should be guarded, as complete recovery rarely takes place.

The symptoms consist of a loss of contractility of the muscles affected, usually on one side, with a tendency of the face to be drawn to the sound side. The familiar lines and wrinkles of the forehead, and around the eyes are effaced, which is best displayed by directing the patient to look upward, the lower eyelid droops and cannot be approximated to the upper one, the cheek is flattened and has lost its characteristic contour, the palsied nostril is smaller than the opposite one, and is not influenced by respiration, and the corner of the mouth assumes a pathetic droop. The orbicularis muscle of the eye is unable to close the orbital fissure, while that of the mouth is powerless to produce the pucker necessary for whistling or to perform the agreeable act of kissing. Any effort to frown, results in a grotesque mimicry of this adjunct to dignity. Laughter causes the mouth to be spasmodically drawn to the well side, producing an oblique position of the oral slit. Remember, that these are all the symptoms of the disease; that physiologists now teach that the seventh pair of nerves are purely motor, consequently there is no disturbance of general sensation nor of the special sence of taste, the fifth pair supplying the former and in conjunction with the glossopharyngeus, controls also the latter.

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In considering the symptoms of this disease, certain complications should be noted: First, it may be associated with middle ear disease or cellulitis of the face, when surgical intervention will quickly remove the supposed complication and as speedily dispels the palsy. Second, occassionally some motor branches of the fifth pair may also be involved, and then we may have rigidity of the lower jaw.

The treatment of Complete Peripheral Facial Paralysis requires careful and systematic consideration. Electricity is its sheet anchor, but harm may follow its injudicious use. At first the muscles display an irritability to both galvanism and faradism, which should teach the physician to avoid all active measures until it subsides. Many simple cases have been rendered complicated by the application of electricity too soon. The best results are obtained by waiting from five days to a week after the symptoms first appear, before beginning active measures.

When the local treatment is begun, it is best to make no effort to induce contraction in the palsied muscles, but to apply the sinusoidal current to as near the trunk of the nerve as possible, with the object of absorbing the effusion which has been thrown around and among the nerve fibres.

When the time has arrived for restoring the function of the muscles, galvanism is the best form of current to use; it is far preferable, as a rule, to faradism. The strength of the current should be the mildest which will cause contraction, say from two to five milliamperes. Care must be taken not to prolong the treatment to such an extent as to fatigue the muscles; from five to eight minutes being sufficient for a sitting which may be repeated daily, or on each alternate day. It is a grave mistake, but not an uncommon one, to think that when a weak current causes contraction, a stronger one will hasten recovery. The quickest results are obtained from the mildest current which will induce visible contractions.

Secondary contractions, which will come in some cases in spite of care, are very likely to be induced if the current is too strong or the seances are too prolonged. Medicines

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are useful, but their action is more uncertain, and therefore inferior to the intelligent and judicious use of electricity.

Experience teaches that those which are more likely to prove serviceable are acon., gels. and rhus tox. Their symptomatology is familiar to you all and it is not necessary to repeat it. Caust. is a time honored remedy when there is contraction associated with aural vertigo. Hypericum helps cases depending upon traumatism. Hepar should be used in cases associated with suppurative diseases of the face or ear. Nux. vom. and strych. phos. have proved valuable when the fifth pair is also disturbed.

Last of all, after electricity has done its share, massage should be used to re-establish the circulation and to improve the nutrition of the muscles.

Few diseases of the nervous system offer such an opportunity for brilliant results, and there are also few which injudicious and meddlesome treatment cause such unsightly and irremedial deformities.

THE TREATMENT OF PLEURISY WITH EFFUSION.

HARVEY B. DALE, M. D.
OSHKOSH, WISCONSIN.

Pleuritis with effusion is usually considered as coming under the domain of the surgeon. Outside of the homœopathic profession, the physicians of today have practically reached the conclusion that its treatment by internal medication is valueless. Formerly it was customary to prescribe hydragogue cathartics, diuretics, diaphoretics, and in fact to recommend all the so-called depurative measures that ingenuity could suggest. Loomis condemns all this in unqualified terms. Tyson does not even mention such treatment, but sententiously remarks that "many simple pleurisies doubtless get well of themselves." The only remedy he speaks of is iodide of potassium, that therapeu-

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tic jack-at-all-trades so frequently prescribed with the idea of producing what is vaguely called an "alterative" effect.

Homœopathic authorities mention certain internal remedies that have an undoubted effect upon conditions of this kind. Prominent among them are arsenic, cantharis, apis, and sulphur. There are others, but perhaps these four are most often used. I mention arsenic first, because in my experience it has proven the most valuable. The late Prof. J. S. Mitchell recommended it highly in cases of this kind. Many homœopathic writers speak of its undoubted value in serous effusions in any locality. The writer's first use of this remedy was in a desperate case that seemed to demand immediate surgical interference. The effusion was upon the left side and of very large extent. The heart was displaced so much that the apex beat could be felt to the right of the sternum. Dyspnœa was intense, and the patient had been unable to eat, sleep, or even lie down for twenty-four hours. The case was far from the writers base of supplies and no aspirator was at hand, and accordingly arsenic was prescribed, though without much hope of immediate relief. Upon returning the next day prepared to aspirate, improvement had been so great that the operation was deferred. In a few days the effusion entirely disappeared. The third decimal trituration of arsenicum album was the only remedy given.

A case occurring this last winter, affords similar testimony. Prof. E. had been sick three days when the writer was called. Patient was found sitting up in bed, struggling for breath. Temperature was 101°F., pulse 120; respirations were shallow and accompanied by pain in the right side. Physical examination showed flatness over lower two-thirds of right chest, evidently caused by a copious exudation. The remedy given was the same as in the previous case, arsenicum album, third decimal trituration. The next day there was a noticeable improvement, which continued without interruption until the patient was well. In this case some intercurrent doses of bryonia were given, and later a few doses of sulphur. Three or four weeks later the

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patient came to my office and submitted to a careful examination, which showed no trace of the former trouble. Subsequently he went on a visit to his brother, an allopathic physician in Milwaukee, who submitted him to a thorough physical test with wholly negative result. Subsequently I met this physician, and he at once inquired what treatment I had followed in his brother's case. When told, he expressed amazement both at the remedy and the result.

In looking up the history of over forty cases of exudative pleurisy, I find that in a majority of them, arsenic was the only remedy given. In a large percentage of the remainder it was the mainstay, although occasionally reinforced by other apparently needed remedies. Thoracentesis was resorted to in less than five per cent. of all cases. Of course the presumption is that in these patients who recovered so promptly, the effusion was of a serous or sero-fibrinous character. It cannot be reasonably claimed that arsenic or any other drug is capable of causing the absorption or disappearance of pus. At the same time some of the cases treated have presented symptoms strongly indicating the presence of a purulent effusion, and these symptoms have all disappeared under the exhibition of the drug under consideration. Occasionally in cases of this kind I have given the iodide of arsenic instead of the arsenious acid, with very satisfactory results.

To undertake to establish a claim for the efficacy of a certain remedy in a certain condition is a serious matter—much more so than is generally believed. To begin with, the *vis medicatrix naturæ* is an uncertain quantity. It is sometimes impossible to tell whether this kindly conservative force conducts the patient to recovery with the assistance of the drug, or really in spite of it. Again, there are no two patients alike, and each case must be a law unto itself. At the same time there are certain general resemblances that make themselves manifest in certain diseased conditions, and this is equally true of remedies and their actions. Only upon this broad ground can we predicate the probable efficacy of any given drug in a given condition

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of the organism—but these generalizations are nevertheless of inestimable value as affording a foundation upon which to rear the more delicate structure of differential diagnosis and prescribing. It is from this standpoint that I venture to recommend arsenic in the class of cases under consideration. It seems well adapted to these patients on account of its general influence over serous effusions, it has been well spoken of by recognized authorities, and personally I have seen so many prompt and satisfactory recoveries after its exhibition, that I invariably think of it first whenever exudative pleurisy comes into my hands. Under the circumstances a careful trial of this drug seems warranted. This is my individual conviction, at least, and the facts I respectfully submit to be judged for what they are worth.

VOMITING IN CHILDREN.

F. P. Stiles, M. D.

SPARTA, WIS.

Usually, vomiting in children does not require special treatment. Most of the diseases of childhood are characterized by vomiting in the early stages, it being apparently a part of the plan of nature, to dispose of material which can not be utilized under existing conditions; the stomach being emptied, the vomiting usually stops.

Again, children, like puppies, are prone to overload their stomach, which, being possessed of more intelligence than the child, or his guardian, casts it in his teeth as it were, and having gotten rid of the unreasonable load, sulks a little perhaps, but makes no further demonstration if let alone.

It is because of the above mentioned facts that doctors sometimes early establish a reputation for the relief of vomiting in children; one or two doses of almost any remedy, providing the dose is small enough, relieving, or being followed by the relief of, these cases.

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It must not be forgotten however, that vomiting is sometimes a symptom of very serious disease, and of grave central trouble, and we must not be too hasty in a given case, in deciding it unimportant. Then we have the vomiting of gastritis, with its history of error in diet and a characteristic train of symptoms which are clearly set forth in the text books, with a long list of remedies from which to select.

I wish to day to bring to your attention a class of cases of which very little is said in the text books at my command, though they are of not infrequent occurence in practice, and are the cause of much anxiety both to parents and physician.

I have considered them neuroses; they occur in neurotic children of both sexes, and between the ages of three, and twelve or fourteen. I can best picture to you the condition by reciting the history of one of my cases, and naturally I describe the most pronounced and typical case I have observed, though, in a general way, it illustrates conditions peculiar to all.

A. P. is now a boy eleven years of age. He is of healthy parents, with a good family history. He is a bright active boy, of nervous temperament and sensitive disposition. Enters into his various activities with zeal, and magnifies his joys and sorrows to the utmost. He has the appetite which is characteristic of a growing boy, and eats ordinary foods with impunity. His peculiarity is his remarkable propensity for vomiting.

I have known him when he was four to ten years of age, to suffer almost coutinuously with nausea and vomiting, for four or five days, as a result of excitement, a slight cold, a mild attack of tonsillitis, a slight fever such as frequently shows itself in a child at bed time, after a day of unusual industry at play, or as a result of great pleasure or grief.

Every since this boy was three years old, every ailment that has come upon him has been apparently aborted and merged into nausea and vomiting. Several times I have seen him at night suffering from sore throat, and all the symptoms of tonsillitis, and in the morning have found him

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vomiting and retching, but the throat symptoms had entirely disappeared.

Usually after the nausea and vomiting have existed about twelve hours, intense thirst supervenes, and is a distressing symptom until the vomiting ceases. Anything taken into the stomach produces vomiting. In fact the symptoms correspond very closely to those of gastritis, except that there is usually no history of error in diet, and no pain, tenderness or burning in the region of the stomach. Fever is sometimes, not always, present.

Remedies seem to be of little avail. Once or twice I have thought the duration of the attack was shortened by arsenicum in trituration, but although generally an excellent remedy in vomiting, it can by no means be relied on in these cases.

In one case, that of a boy 12 years of age, who gave a history similar to the one detailed above, I was able to give prompt relief by the administration of one drop of the 2x dil. of ipecac. in a teaspoonful of hot water. The parents told me this was the only medicine he had ever taken that seemed to cut short an attack. I saw this boy in three attacks and in each instance the ipecac. in hot water afforded relief. I regret to say, however, that it failed me in other cases.

I have observed in this condition that a good sleep of several hours duration is usually followed by complete relief of all the symptoms, the patient on awakening announcing in a cheerful tone, "I am well now and I want something to eat right off." In several instances, when all other means have failed, I have succeeded in securing this sleep by giving ¼ to ½ grain of codeia (according to the age of the child) by enema. I do not announce this as the best thing to do, but it was the best I could do.

One requisite in the treatment of these cases, as in all cases of persistent vomiting, is to give the stomach rest.

This is often difficult to accomplish, as the parents usually insist that the child will surely die unless it has something to eat; and it is exceedingly difficult to convince

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them that starvation is of more importance than medicine.

It is always a safe and wise measure, when you are informed that a child "can not keep any thing on its stomach," to issue an order that it be not allowed to try. Although there is intense thirst for cold water, the water always aggravates the vomiting and should be administered in very small quantities. Small pieces of ice in the mouth are usually gratefully received, though sometimes they are refused.

As in gastritis, great care must be exercised in feeding these cases for a few days after convalescence is established, for any indiscretion in diet is sure to be followed by a relapse.

Among the foods best adapted to this condition I will mention first koumiss, which is not only a valuable food for this condition, but for delicate stomachs in young or old. I have used it quite extensively for nearly 20 years and it is almost always well borne.

The best article I have found is that prepared by Arend, of Chicago, though, where the expense is burdensome, a very fair article may be prepared in the home.

The following formula, which I have taken from a work on insomnia by Dr. Lyman, will answer the purpose very well, though it does not quite equal Arend's:

Dilute 5 quarts of milk with 3 quarts of hot (not boiling) water, add half a cup of sugar of milk and one bottle of well fermented koumiss, or a little yeast.

Stir the mixture thoroughly and let it stand until it begins to curdle. (It should stand in an open jar and at a temperature of about 73 F.)

Then add half a cup of coffee sugar and cork tightly in champagne bottles. Keep in a cool place, the bottles lying on their sides, and it will be ready for use in one week. It must be drawn with a champagne tap.

Ice cream is often borne very well, as is also mutton broth, malted milk, liquid peptonoids well diluted, and in a few days a variety of foods may be given.

I have had, in my experience, some 6 or 8 of these cases,

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some of them suffering from the attacks as often as once in two or three months. None of my cases have proven fatal, though in several instances, not only the parents and neighbors, but also the physician in charge, believed recovery very improbable.

The attacks have always been less frequent and less violent as the child developed, and in each instance have ceased between the ages of 10 to 14.

On the theory that the trouble was purely reflex, I circumscised a boy whose condition indicated the operation, thinking to thus relieve him from the attacks, but I was disappointed, for the operation was followed by no improvement.

The most rigid care as to diet has failed to prevent them, and I confess I am somewhat in the dark as to the pathology, and, as before stated, I have considered it a neurosis, and invite discussion of this paper, in the hope that I may receive more light on what, to me, has been an interesting and somewhat puzzling ailment.

COMBINATION TABLETS.

M. A. Barndt, M. D.

DELAVAN, WIS.

Materia medica being the foundation of homœopathy, and upon its discovery and proving Hahnemann has erected for himself a monument more enduring than the pyramids of Egypt. It is upon this discovery that our school has gained its reputation the world over, and even today, in spite of the legislative opposition, it is spreading; and the demand for homœopathic physicians exceeds the supply, while with the dominant school, every opening or vacancy has a dozen applicants.

As the foundation is on the law of similars, on this law we can only hope to hold our prosperity; any deviation from it or palliative measure used will tend to weaken our

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forces. At the present age the great strife is to relieve pain or distress quickly, and to make a brilliant cure with no other object than the elevation of self; and the question of giving permanent relief through a strictly scientific, homœopathic prescription is often a secondary consideration.

I am well aware that in writing on the above subject I may cause some opposition, especially by those who hold different views, and who are inclined to take a very liberal view and say that anything and everything is homœopathic as long as it accomplishes the end sought. In my opinion a prescription is not homœopathic unless it is given according to the law of similars, and when we give a remedy that will palliate the disease, such a remedy is not the proper one to make an absolute cure. There are many cases where palliation must be used, but such palliations are not scientific according to our law, and often the more we use them the more we are called upon to do so, while at the same time there is a tendency for us to drift into the same channels which our allopathic friends are traveling.

On page 57 of the *Organon*, Hahnemann writes the "absurdities of these drug mixtures has been recognized even by men of the prevailing school, although they follow this changeless routine in ther own practice, contrary to their own convictions." Even at that early date a certain Marcus Herz expressed himself in this way: "When we wish to relieve inflammations, we do not use salt peter, ammonia or vegetable acids alone, but we mix several and frequently too many so-called antiphlogistic remedies together, or allow them to be used in rapid succession. When we wish to counteract putrifaction, we are not satisfied with the use of well known antiseptics, such as cinchona bark, mineral acids, arnica or snake root administered in large quantity, and to await results; but we prefer to compound several of these drugs and to count upon their united action. From ignorance of the efflcacy of any single drug in a given case, we huddle a variety of things together and trust that one by chance may have the desired effects."

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"Thus one remedy seldom is used to promote perspiration, to improve the blood(?), to liquefy accumulations(?), to produce expectoration, or evacuation of the intestine; for such purposes our prescriptions are always complicated, never simple and pure, and consequently we arrive at no definite or precise experience regarding the effects of the individual ingredients of these prescriptions, now can we obtain a clear idea of the separate action of each individual ingredient. In fact our insight into that condition which determines an essential knowledge of all our remedies, as well as our knowlepge of the manifold relationship into which they enter when mixed together, is far too imperfect to allow us to determine the magnitude and variety of the effects of a drug, however, insignificant it may appear if introduced into the human body, combined with other substances."

Eminent authorities of the present day confirm these same opinions, but very little heed is given to them.

This, in my opinion, is the tendency of the so-called combination remedies or tablets that contain from two to four or more different ingredients, while we may know the exact symptomology of each individual ingredient, we do not know the action of the combination, and if a cure is affected, how or which one of the ingredients did the work. We may have the satisfaction of knowing that our patient improves, but in what way are we made wiser by giving such a shotgun prescription and are all such prescriptions going to give us equal results. We may find that our patient does not improve; are we going back to get a complete history of the case and study the symptoms, in order that we may make an intelligent prescription? Would it not be far better to put a little more study on our cases when they first come under our care, thereby avoiding the drug action, if any occur; so that we may be able to give them a more scientific remedy and also become a little more familiar with our materia medica even though we should loose our patient.

The following are a few samples of combination tablets

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taken from a pharmacist's catalogue and a glance will show how inconsistent they are:

For chills and fever: Aconite, 3x; belladonna, 3x; bryonia, 3x.

Heart sedative: Digitalis, 1x; glonoine, 2x; strophantus, 2x; belladonna, 2x.

Chronic dyspepsia: Bismuth, 2x; carbo. veg., 3x. merc. biniod, 2x; nux vom., 3x.

In making a comparison of the symptoms of the different ingredients in the tablet for chills and fever, we find them vastly different. So that I cannot see how all of these can be indicated in the same condition. We find that aconite and belladonna antidote each other, if so we have only bryonia remaining, and a case of active inflammation, or violent fever, would hardly be reached by bryonia. Consequently we have lost very valuable time in giving such a prescription. What has been said of this one tablet may be said of all the rest.

There is no doubt but that some of these tablets may do good work when some of the ingredients they contain are clearly indicated, but upon the whole I regard them as a stumbling block and a delusion, diverting the true student from studying his materia medica, and becoming familiar with each individual remedy, merely to become careless, and to depend upon this shot gun doseing, and later to become disgusted with homœopathy and eventually drift into the dominant school with the idea firmly ingrafted in his mind that there is nothing in homœopathy, because he has tried it and failed.

Might it not be a good suggestion to have our professors and teachers in materia medica, warn all their students against such unsatisfactory prescribing as using combination remedies, that may have a tendency to detract from the original law of similia, but rather firmly impress the student that in order to cure gently, quickly, unfailingly, and permanently, select for each case of disease, a medicine capable of calling forth by itself an affection similar to that which it is intended to cure.

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MINNEAPOLIS

HOMŒOPATHIC MAGAZINE.

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EDITORIAL

ARSENIC AS A PREVENTIVE OF YELLOW FEVER.

The following clipping from *Brazil-Medico*, is so apropos and supports the theory of our friend Dr. R. B. Leach, of St. Paul, ("The man from Texas"), so nicely that we print it, trusting that all may read and remember.

"Dr. J. P. de Rego Cesar noticed that non-acclimated persons in Brazil, who had occasion to take arsenic for any reason, were not molested by yellow fever, and he commenced to administer it as a preventive, with most satisfactory results, confirmed by the experience of other local practitioners. Dr. Rocha reports, in this article, the results of daily prophylactic doses of half a milligram of arsenious acid administered during the summer season to the entire force of a certain factory, over 200 men, for the last five years. The men are frequently changing, are most unacclimated, live in unhygienic surroundings, and infected localities, and take no precautions against contracting the disease. During the terrible epidemic of 1894, three of them were attacked, but soon recovered; exceptionally light cases among the prevaling mortality. In the epidemic of 1896,

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twenty men contracted the fever a few days after their admission to the factory, each having received only a few doses of the arsenic. But the effects were evident in the benignity of the cases, all dismissed from the hospital in from four to six days, while a couple of extra hands only rarely employed, and thus not receiving the arsenic regularly succumbed to the disease. There have been no cases in the factory since 1896, although yellow fever has scourged the city again and again, and formerly ravaged the factory. Another group of 150 men to whom the prophylactic doses were regularly administered have also escaped without a single case. Persons just arrived are advised to repeat the dose three times a day the first week, twice a day the second week, and thereafter once a day. No one thus treated has contracted the disease to date."

HOMŒOPATHY ON THE PACIFIC COAST.

The September number of the *Pacific Coast Journal of Homœopathy*, Dr. H. R. Arndt of San Diego, editor, is devoted to the opening of Hahnemann Hospital College of San Francisco, on the occasion of the dedication of its new building. The friends of homœopathy throughout the country must rejoice in the good fortune to this bulwark of our school in the far west. The account of the long self-sacrificing labors of the men and women who have nurtured the college through the past years of its history, is no less a tribute to their unselfish devotion than it is a pathetic proof of the blindness of the people to their own interests. But success has come at last, and we shall expect great things of the college in its new and fine building.

If the event of the dedication marks the beginning of that era when all shall strive to honor themselves in building up the college, there can be no doubt of the future of homœopathy on the Pacific Coast.

We desire to congratulate the friends of the college on the "signs of promise" their new building brings them.

G.

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"THE ORIFICIAL PHILOSOPHY."

The time was, when the use of the above term would call down upon the head of its user, the ridicule and anathemas of the medical multitude; but thanks to the progressive nature of the medical profession that time has passed, and now, while, perhaps, the term orificial philosophy may not be universally accepted, its tenets and the theories of its able and active originator Prof. E. H. Pratt, are read generally and pass current in the larger proportion of medical literature.

That the above statements are true, was demonstrated at the Chicago Homœopathic Hospital, September 4th to 9th inclusive, when Prof. Pratt held his thirteenth annual course of instruction in orificial surgery.

During the course, operations, chiefly pelvic and abdominal, illustrated the vital points of the orificial philosophy, viz: "The irritation of an organ begins at its mouth," "Dilating orifices flush capillaries" and "Nerve impingement, means nerve waste."

The independence of thought of Prof. Pratt and his ability to make others think was aptly illustrated again and again.

The close adherence to the most approved aseptic and antiseptic technique, was demonstrated by the uneventful recoveries of all of the cases operated upon.

The class this year was composed of leading men from all over the union—prominently noticed were Drs. Wilson A. Smith of the *Medical Visitor*, Thos. J. Gray of the MINNEAPOLIS HOMŒOPATHIC MAGAZINE, R. Milton Richards of the *Medical Counselor*, Bloyer of the *Medical Gleaner*, and also Hamlin of St. Louis, and Wintermute of Cincinnati, both editorially connected with eclectic journals.

In addition to Dr. Gray, Minnesota was represented by Drs. Margaret Koch of Minneapolis, and A. M. Crandall of Hokah. Dr. Pratt's chief assistant this year was "Ye Editor," who hereby acknowledges the great benefit derived and knowledge gained from the work and the instruction.

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The Orificial Association held its twelfth session with a good attendance, and interesting papers. The officers elected for the ensuing year are: W. T. Curryer, Indianapolis, president; T. J. Gray, Minneapolis, vice president; R. Milton Richards, Detroit, Secretary; T. E. Costain, Chicago, Treasurer.

Many in attendance upon the course took advantage of Prof. C. S. Neiswanger's class in Electro-Therapeutics, and none regretted the same. His lecturers and demonstrations being instructive, able, and interesting.

BOOKS.

ELECTRO-THERAPEUTICAL PRACTICE: A READY REFERENCE GUIDE FOR PHYSICIANS IN THE USE OF ELECTRICITY. Fifth edition enlarged, by C. S. NEISWANGER, Ph. G., M.D. Author of "Suggestions in Electro-Therapeutics;" Professor of Electro-Physics, Post-Graduate Medical School of Chicago; Professor of Electro-Therapeutics, Illinois Medical College, Lecturer on Electro-therapy, Chicago Homœopathic Medical College. Chicago. E. H. Colgrove & Co., 1898. Price $1.25.

This brochure, now in its fifth edition, is a "Ready Reference Guide" in every sense—and one that is too valuable to be without—everyone who has listened to the able author in his lectures will certainly buy the work; and those who have not, ought to. It is arranged conveniently, is printed admirably, is convenient for the pocket, having flexible covers, is interleaved for annotations, and above all its chief value is in its being written in the plain, practical, matter of fact style, which makes the author's lecturers so interesting and understandable.

If you know nothing of electricity, buy it. If you think you know all about electricity, buy it and read it, and you will realize that you dont know it all by any means.

The subject matter consists of facts well attested by experience and the volume is valuable to all practitioners using electricity.

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THE ESSENTIALS OF HOMŒOPATHIC MATERIA MEDICA AND HOMŒOPATHIC PHARMACY. A QUIZ COMPEND, ETC. By W. A. DEWEY, M. D. Prof. Materia Medica, University of Michigan Homœopathic Medical College, etc. Third edition revised and enlarged. Philadelphia: Bœricke & Tafel, 1899.

This little book has already shown itself to be valuable again and again, and in its new dress (flexible cover), it is much more convenient as a pocket companion for frequent reference.

The author's fifteen years experience as a teacher, his ability as a prescriber, have been demonstrated in this volume. There are many improvements over previous editions as may be noted by a comparison; new remedies have been added, and the indications for many old remedies increased. The value and popularity of the work are evidenced by the translation of it into the German, French and Portugese languages.

To the student of materia and medica, and all homœopathists are such, this little volume commends itself. The press work and make up are very fine.

A PRACTICAL TREATISE ON THE SEXUAL DISORDERS OF MEN. By BUKK G. CARLETON, M. D. Genito-Urinary Surgeon to the New York Metropolitan Hospital and its Policlinic, etc. New York: Bœricke, Runyon & Ernesty, 1898.

This brochure of about 200 pages is so well known and so much sought after, that the first edition is now exhausted and the second edition will soon appear. Being from the pen of such an able and noted writer, this fact is not at all surprising. The volume is well gotten up and is interesting reading.

It being a well known fact that in the past those suffering from these affections have, as a rule, been allowed to drift into the care of unscrupulous charlatans, it certainly is high time that the profession should take care of them in a legitimate manner and this work will certainly be a great help.

The author aptly says: "The cause of the failure of the

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chosen remedy in these cases is due often to the neglect in considering the congenital and pathological conditions present, which require hygienic or surgical treatment before the selected remedy will remove the morbific phenomena."

Some thirty odd pages are devoted to the symptomatology of drugs useful in sexual infirmities; and the chapters on prostatic affections and seminal vesiculitis are very complete. By all means secure the book.

NEWS AND NOTES.

The twenty-seventh annual meeting of the American Public Health Association convenes in this city Oct. 31st, for a four day session. A large attendance from a distance, and an exceedingly attractive program will make this a valuable meeting to attend, and the members of our school should attend.

Dr. S. Olin Hardy of New York City has been sojourning at Lake Minnetonka, Minn., also S.B.Parsons, St.Louis, Mo.

Drs. B. H. Ogden of St. Paul, Minn., and F. P. Stiles of Sparta, Wis., visited the beauties of Yellowstone Park, this summer.

Dr. V. W. Mather of Kansas City, Mo., passed through Minneapolis recently, on his way to Macinac and the Thousand Islands, for his vacation.

Drs. Geo. F. Roberts and A. P. Williamson of Minneapolis, recently visited the region of Cass and Leech Lakes in the northern part of Minnesota.

Dr. Wm. Davis Foster of Kansas City, Mo., has removed his office to the Altman Building, corner eleventh and Walnut Streets.

Dr. E. Stillman Bailey has removed his office to suite 711 Marshall Field, building, Chicago.

Dr. S. R. Mitchell has removed from Eau Claire to Washburn, Wisconsin.

Dr. F. Z. Nedden has removed to 433 Grove St., Milwaukee, Wis.

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Drs. J. B. Miner and C. C. Wiggins of Osage, Iowa, have formed a co-partnership.

Dr. W. W. Drought, Fergus Falls, Minn., president of the State Medical Examining Board, and Miss Kate L. Hovey, Worthington, Minn., were married at the bride's home, August 23, and left on an extended tour of the Yellowstone Park and Pacific Coast. We tender congratulations; not only for ourselves, but for the profession generally.

Dr. E. S. H. McCauley of Beaver, Pa., has been appointed examiner for the Bankers Life Association of Des Moines, Iowa.

Dr. D. Duncan, Chicago, is grand medical examiner of the Knights and Ladies of Columbia; a fraternal insurance association.

Dr. D. A. Locke has been on an extensive tour throughout the east during September.

The homœopathists of Columbus, Ohio, have recently incorporated and established the Columbus Homœopathic Hospital.

Drs. E. C. Sweet and T. C. Duncan have joined the faculty of Dunham College.

Dr. F. W. Morley, Sandusky, Ohio, is one of the pension examiners in Erie County, Ohio.

Dr. Albert Babendrier, Cincinnati, Ohio, and Dr. Estelle Turner, Mobile, Alabama, were married at Lexington, Kentucky, September 14th. Dr. Babendrier is a brother of G.A. Babendrier, of the Minneapolis Pharmacy Co.

Kansas City, Mo., has a new homœopathic hospital.

Dr. Frank Kraft of Cleveland, is arranging for a trip to Paris next year, for a party of fifty. Be sure and write early and engage passage with him; for it will be the best and cheapest trip of the season. Address 57 Bell Avenue, Cleveland, Ohio.

During Dr. M. P. Austin's absence in Alaska, his office in the Medical Building is occupied by his brother Dr. E. E. Austin, formerly located in the New York Life Building.

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